File with: lowa Ethics and Campaign Disclosure Board

510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS. SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND PM 1.20.09 2009 JAN 21 AM 11:53

FORM	1
DR-2	DISCLOSURE
(Rev. 07/2007)	REPORT
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COMMITTEE NAME (Must be same as on Statement of Organization) John Miller for Supervisor IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:

Candidate Name John Miller	Political Party (if applicable) Democrat	s	canned Somputer OM
Office Sought County Supervisor	District (If Senate or House)		udited
Late reports are subject to possible civil and criminal penalties. Purs	uant to Iowa Code sections 68B.32A	(7) and 68	3A.401(3), the candidate, for a
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	> _	DATE SIGNED
I AM FILING A January, 19, 2007	REPORT FOR (1) ELECTION	/(<u>2)N</u> ON-	ELECTION YEAR.
(report date)	Indicate by #	1	
CHECK IF AMENDMENT TO REPORT DATED		Local Com	mittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of I (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	Novemb	er 4, 2008 .ocal Committees, enter County in dion is held lawk
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call of the last reporting period or must be zero if this is first	sh on hand at the end	s	5,300.24
ADD TOTAL MONEY TAKEN IN THIS PERIOD	•		
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below)		1,645.00
Schedule F: Loans Received total (Attach Schedule F))		
Schedule H: Total Sales of Campaign Property (Attack	n Schedule H)		
(Schedule H applies to Candidates' Commi	ittees Only) SUB-TOTAL	\$	6,945.24
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans below)		3,817.97
Schedule F: Loan Repayments total (Attach Schedule	F)	**********	3,000.00
CASH ON HAND at the end of this reporting period (if final report	t balance must be zero)	\$	127.27
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	ile E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	·. %-	-	YESNO
CANDIDATE COMMITTEES ONLY:	•		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	n Schedule H)	\$	
CTATE COMMITTEES. Submit a reconciled communical account	hank statement in January of and		the second secon

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	 IECK THIS BOX IF IENDING FORM
John Miller for Supervisor	· · · · · · · · · · · · · · · · · · ·

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-16-08	ID# ₅₅₄₇ CK#	Barbara Brown 3820 Hillside Drive Cedar Falls, IA 50613		\$50.00	1
10-12-08	1D# 3785 CK#	Carolyn Willoughby Darrah 1915 Greenhill Drive Cedar Falls, IA 50613		\$25.00	4
10-23-08	ID#	Unitemized contributions		\$70.00	1
10-15-08	ID# 11511 CK#	Donna J. Maier & Steve Rapp 219 Highland Blvd. Waterloo, IA 50703		\$100.00	1
10-09-08	ID# 1306 CK#	Plumbers & Pipe Fitters Local 125 Political Education Fund 1839 - 16th Ave. SW		\$1,000.00	
10-18-08	ID# 4506 CK#	David V. McCalley 1915 Grand Blvd. Cedar Falls, IA 50613		\$50.00	1
10-27-08	ID# ₄₆₄₄ CK#	K. M. Keith 260 Columbia Cir. Waterloo, IA 50701		\$50.00	4
10-29-08	ID# 2031 CK#	Black Hawk Union Council, AFL-CIO Political Education Fund 1695 Burton Ave.		\$250.00	
11-07-08	ID#	Unitemized contributions		\$50.00	1
	ID# CK#				
			SUB-TOTAL	_	

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

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^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same as on	Statement of Organization)
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John Miller for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-08	ID# ₁₀₄₂ CK#	Progress Review LaPorte City, IA	Ad purchase	\$ 200.00
10-25-08	ID# ₁₀₄₃ CK#	The Radio Group Waterloo, IA	Radio ad purchase	\$2,495.00
10-31-08	ID# CK#	Lincoln Savings Bank Waterloo, IA	Bank Charges	\$1.59
10-30-08	ID# ₁₀₄₄ CK#	The Courier Waterloo, IA	Ad purchase	\$983.20
11-13-08	ID# ₁₀₄₇ CK#	Mudd Advertising Waterloo, IA	Radio ad purchase	\$75.00
11-10-08	ID# ₁₀₄₆ CK#	Hudson Herald Hudson, IA	Ad purchase	\$60.00
11-30-08	ID# CK#	Lincoln Savings Bank Waterloo, IA	Bank Charges	\$1.59
12-31-08	ID# CK#	Lincoln Savings Bank Waterloo, IA	Bank Charges	\$1.59

TOTAL (if last page of this schedule)

3,817.97

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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MINTER MAIN	E(Must be same as on Statement of Organization)		RESET	SCHEDULE F	LOAN
nn Miller for S	•			(Rev. 02/08)	RECEIV & REPA
	ule reports money loaned to the committee which is deposorable. PANS FROM LAST REPORTING PERIOD \$ $\frac{3,000.00}{1}$		account.	CHECK AMENDIN	
RTI - MONETA (Original :	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third p	arty is involved. Includ	de loans from candi	date's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)		LATIONSHIP TO DATE (If Applicable)	*) AMOUNT (OF LOAN
				\$	
					·
		TOTAL	(PART I)	\$	••••••••••••••••••••••••••••••••••••••
	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING F forgiven must be reported on Schedule E In-kind Contril	PERIOD	(PART I)	\$	
	forgiven must be reported on Schedule E In-kind Contril NAME AND ADDRESS OF LENDER	PERIOD butions.)	LATIONSHIP TO	AMOUNT	REPAID
(Loans	forgiven must be reparted on Schedule E In-kind Contri	PERIOD butions.)		AMOUNT	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) John A. Miller 4213 Shaulis Rd.	PERIOD butions.)	LATIONSHIP TO DATE* (If Applicable	AMOUNT	
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) John A. Miller 4213 Shaulis Rd.	PERIOD butions.)	LATIONSHIP TO DATE* (If Applicable	AMOUNT	
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) John A. Miller 4213 Shaulis Rd.	PERIOD butions.)	LATIONSHIP TO DATE* (If Applicable	AMOUNT	
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) John A. Miller 4213 Shaulis Rd.	PERIOD butions.)	LATIONSHIP TO DATE* (If Applicable	3,000	
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) John A. Miller 4213 Shaulis Rd. Cedar Falls, IA 50613	Candil Cash Repayment	LATIONSHIP TO DATE* (If Applicable and date)	\$ 3,000.00	
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) John A. Miller 4213 Shaulis Rd. Cedar Falls, IA 50613	Candil Cash Repayment E – TOTAL LOANS FO	LATIONSHIP TO DATE* (If Applicable and date) Indidate Is (PART II) DRGIVEN	3,000	

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